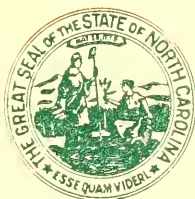


THE  
BULLETIN  
OF THE  
North Carolina Dental  
Society



DECEMBER 1929

VOL. XIII.

NUMBER 1

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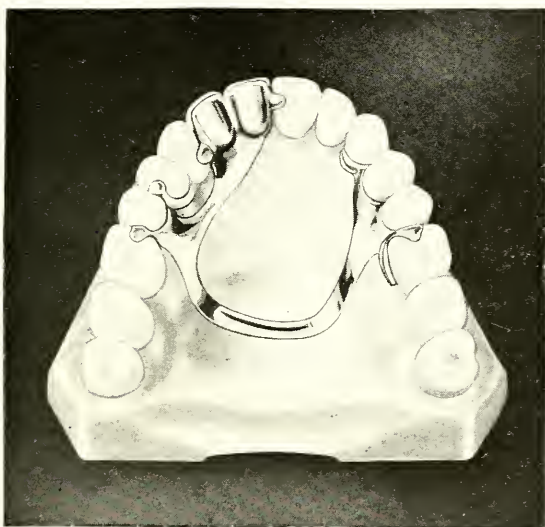
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J. MARTIN FLEMING, A.B., D.D.S., F.A.C.D.  
RALEIGH, N. C.

May a Merry Christmas multiply  
your joys, add to your happiness, divide  
your pleasures into many phases, and  
subtract all worries. May we be  
better friends than ever during the  
coming year.





## SOME THOUGHTS FOR THE ANNUAL MEETING AT ASHEVILLE

Our membership and attendance have been growing in a very satisfactory manner for the past few years and with the increase just noted, there has been a corresponding increase in the general interest of things pertaining to society work. This is a healthy sign.

The message that I have been carrying to the districts this year, as your president, has been one of ambition for the 1930 meeting; not only that this shall be the largest in point of numbers but in general interest for the welfare of the profession.

Ours is a rapidly advancing profession; one that takes all the brains that we have to keep pace with its progress. Until a very few years ago we were looked upon as artisans, and more or less justly so, because so much of our work was mechanical. The real vision of the pathology involved in dentistry has only recently begun to take its rightful place as an important factor in human health. Dentistry is now recognized by both physicians and laity as a definite part of the healing art.

There are two dominant factors that are outstanding in our annual district and state meetings—we come to know each other better, which of itself is worth the time and money involved for how can we love a fellow whom we do not know? The prime idea involved in the civic club movement is that of fellowship, the bringing together of men whose vocations in life are different and building a brotherly spirit among them, realizing that we all have practically the same problems and are made of the same kind of "mud." The second factor is that "in union there is strength." No one man knows all about it; it takes the interchange of ideas, a little point picked up here and there in conversation and watching the other fellow at work in a clinic or listening to a paper and its discussion. True, we may read our journals but even then there is lacking the personal touch which is the most valuable teacher of all.

It is the organized effort that is making for advanced thinking; but for the organization where would be the research work of such men as Howe, Hartsell, Price, Rickert and scores of others. Take our own society—as individuals when would we have had a University Extension course, our society Bul-

letin, one of the districts issuing a Bulletin, another district dividing itself into zones for the purpose of closer affiliation and increased knowledge. It is a platitude that no individual can stand still—he is either progressing or retrogressing and the same applies to an organization.

Who gains by affiliation with the organization? Every one. The practitioner and the public. We gain in the satisfaction of knowing that we know, in a more intelligent service for our patients and a better financial reward for our service. Can anyone continually absent himself from association with his fellow practitioners and be satisfied to withhold his knowledge from them and also deny himself the information that might come to him through such contacts. I am hoping to see every member of the North Carolina Society at the Asheville meeting. A fine program has been prepared and we are expecting a large number of visitors from other states, so come and help us make this the biggest and best.

J. H. WHEELER, President,  
GREENSBORO, N. C.

## PRESIDENT-ELECT'S MESSAGE

As Director of Districts it has been my very pleasant duty to attend a District Meeting in every District. At first I felt sure that this would be quite an exacting responsibility, and possibly a little tiresome before I could get around to all of the District Meeting: But I have never had a more pleasant duty to perform, and it has been wonderful to meet old friends and make new ones.

Since June I have traveled across North Carolina, North, South, East and West and made quite a few short trips in the performance of my official duties and in the interest of our Association. I have found a wonderful spirit of co-operation and interest on the part of our members, with every one apparently anxious to do something to advance the standing of the Profession (already high) to a higher place in North Carolina.

All of the District Societies have had wonderful meetings, and have put over in a successful and entertaining manner programs that would have done credit to the State Meetings of only a few years ago. Their papers and clinics provoked a free and full discussion and an avalanche of questions. I recall that at two of the District Meetings that it required longer for the clinician to close the Discussion than to present the original subject, and it is needless for me to suggest that every one went home talking about what good District Meetings these had been. I know that there are more good Dentists in North Carolina today than we have ever had before and our percentage of good ones are constantly increasing over those that are just passing or drifting along. With our mid-winter clinics extension courses and Dental Literature, there is no reasonable excuse for any of us not keeping up with the modern and scientific advancement of our profession, and I believe the time is not far distant when this will be recognized by the laity, we are sowing the seeds of Dental Health (and effectively so) in the minds of our coming generation in North Carolina, through the Oral Hygiene Department of our State Board of Health, and our program calls for continuation of preparation as Health Advisors and Health councilors until we can with more assurance and conviction claim to be Masters of Oral Health. This program,

itself will eliminate us in the minds of the coming Generation as modern Dentists unless we study, attend District, State and American Association Meetings and participate in their activities. We must take post-graduate courses when offered and seek to be prepared and equipped to render the highest type of Dental service at all times. All of our most successful men will attest that is true. Now lets benefit by their wise council and experience and keep Dentistry from the oldest to the youngest traveling up the Hill to Perfection all the time.

PAUL E. JONES, D.D.S.

Director of Districts.

FARMVILLE, N. C.

# THE BULLETIN

*of the*

## NORTH CAROLINA DENTAL SOCIETY

Entered as Second Class Matter, March 28, 1927 at the Postoffice, Greensboro, N. C., under act of August 24, 1912.

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Vol. XIII.

December, 1929

No. 1

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DENNIS KEEL, *Editor*

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## VALUE OF YOUR DUES TO THE STATE SOCIETY

In the four years that I have been Secretary-Treasurer of the North Carolina Dental Society, my articles which have appeared from time to time in the Bulletin have embraced almost every subject. This time I want to talk about the Dues. As you know, according to the Constitution and By-Laws, dues are payable by December 31st for the ensuing year. The committeemen have been very lenient with most of us but that hasn't helped matters, rather has it had a tendency to make us keep putting off the paying of these dues until a later date when we felt we could better afford them maybe. This has made it rather hard for the Secretary to carry on in many ways. As you know, of the dues paid to the society the state retains only six dollars, and these dollars have many duties to perform. Such as, paying the printing bills, which amounts to no small amount, arranging the meetings, getting and paying clinicians, as well as the expenses of all the district secretary's which are incurred during the year for the collection of dues, etc., and the State Secretary's salary.

Then there are the delegates to the American Dental Association to be considered. With our membership our showing should be much better than it is, and if each individual would take it upon himself to see that his dues are paid on time, then we would be entitled to more delegates to the A. D. A. By not paying your dues you are not only denying your state the use of the money, but you are not listed with the American, and are therefore denied the Journal each month which carries something for all of us every month and we cannot afford to miss these articles, particularly when we can evercome this situation by so little effort.

If each man will take this as a personal message and send in his dues by December 31st, remember there are the following to receive benefit.

|   |         |
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| The North Carolina Dental Society . . . . . | \$ 6.00 |
| The District to which you belong . . . . .  | 2.00    |
| The American Dental Association . . . . .   | 4.00    |
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And last but not least, in return for the above, you receive the Journal, Four Bulletins, One Proceeding and priviledges to the Annual Meeting.

## CONCERNING PREVENTIVE DENTISTRY

Preventative dentistry is by no means a new subject, and I do not hope to bring any new facts to you in this discussion.

There has been occasional criticism of the term "preventive dentistry." I have no argument with any one concerning nomenclature or terminology. I define preventive dentistry as that part of dental service that has for its object the prevention of serious pathologic disorders to the teeth and their surrounding tissues.

For many reasons preventive dentistry has been slow to take its place as a distinct branch of our profession. Its importance has not been overlooked but at the same time the organized study to which it is entitled has been lacking. The dental profession has been grappling nobly with the artificial denture problem, with mal-occlusion and other things of importance, and it has used words without end in discussing the merits and demerits of fixed and removable bridges.

The profession is to be commended for the work it has done to make possible the satisfactory restoration of lost teeth, and, I think, is not to be entirely condemned for lagging in preventive dentistry.

The public has been given what it demanded and was willing to pay for. And after all, in view of the fact that we have to make a living, I do not think we can be repudiated for giving according to the demands made upon us. But at the same time, if some Solomon will come along and tell us how to give the beloved masses what they really need and then make them pay a reasonable price for it, we can render a service a thousandfold greater.

Less than twenty per cent. of the population receive proper dental care. And there can be but one cause—IGNORANCE. (i. e., ignorance of things pertaining to dental health). True, many excuses are given, such as inability to pay, fear of pain and lack of time. But these are only excuses that for the most part would be entirely wiped away with the realization of the importance of proper treatment.

Preventive dentistry should begin some months before birth and end only with the advent of the grave. And I believe that in the course of time the public can be made to understand that fact if the dental profession, both collectively and individually enter whole-heartedly into the task of teaching it.

At present just enough has been taught to be dangerous. For instance, children have been taught to brush their teeth and use a lot of tooth paste. And as a consequence, they have come to believe that a lot of tooth paste with a little brushing daily is caring for their teeth. No matter how many decaying



and aching teeth they may have; many of them will tell you that their teeth are all right because they brush them.

Nearly everybody has come to believe that a diseased oral cavity endangers health. And you hear the trained and untrained alike telling how bad teeth can cause most anything from cross eyes to colic. Thousands upon tops of thousands, as a result of neglect, are losing all their teeth—along with their health—and suffering untold misery. But no matter how many unfortunate children they may be neglecting back at home, it is most difficult to show them where they have failed utterly to do their duty. The reason: They have been thoroughly sold on the idea of extracting teeth to cure disease, and the principle of prevention has not yet sunk deep into their consciousness.

And this principle of prevention is not going to sink deep into the public consciousness by any haphazard method or by accident. A state board of health aided by a few county and local organizations cannot be depended upon or expected to furnish all the initiative and action. It is a task that calls for conscientious and aggressive effort from every member of the profession.

I hold the public and dental profession equally to blame for the existing deplorable condition. There is little likelihood of any successful understanding between a skeptical public and an indifferent dental profession. It is the dentist of the past with his slipshod methods and his oftentimes absence of professional conscience that bred into the public mind a distrust that you often see reflected in your practice today. Far be it from me to detract one bit of credit from the Old Timer for the fine work he did do, but he can hardly be accredited with much accomplishment in the field of health education. It is to be hoped the time is not far distant when the profession shall maintain such a high standard of honor and integrity that the laity shall have no cause to withhold its entire confidence.

Probably about fifty per cent. of the dentists of today are honestly anxious to teach all of the truth to their patients; about forty per cent. are indifferent, and five or ten per cent. whose motives can be reasonably questioned. I know there are some still who will not treat children's teeth, many also who do not advise parents to have children's teeth treated. There is one that I know of who will tell an inquiring father that nothing can be done for his child when he has not even looked into the child's mouth.

I have no criticism to make of the dentist who does not want to do any particular class of work. It is his unquestionable privilege to say what he will or will not do. But I have no fear of contradiction when I say that it is our inescapable duty to tell our patients the truth insofar as we know the truth, then if we do not wish to do the work indicated, advise where



that work can be had. If this policy were followed conscientiously, there would be fertile fields for those wishing to limit their practice to children's work. I avoid the term "child specialist" because that term "specialty" has come to be a synonym for high fees.

High fees would not be necessary if all those wishing to be rid of children's work were to turn it over to the few who do want it. I have no fanciful dreams about this coming to pass in the near future.

Today we face a baffling problem, with probably 90% of the population needing our services, ignorant of the true meaning of dental health and indifferent to our pleading. Shall we stand idly by while those who know no better are led and mis-led by glaring and mis-leading tooth paste and mouth wash advertisements? In recent years we have not been idle, but we have only made slight indentation in the public indifference. And when, and not until, we have overcome the indifference, we can successfully attack the ignorance that so besets our fellow beings. Were it possible to overcome these things the rest of our problems would solve themselves.

It is probable that the most direct approach to our problems would be through a revision of our system of fees. Where reason is dumb, money speaks loud. The average fee for extracting a tooth in our state is slightly over a dollar. While the average fee for an amalgam filling is two dollars. Our patients, knowing this, deliberately let their teeth go until it is too late to save them, then go and get the cheapest of dental operations—extraction. They do this not only because they think it is the cheapest way out, but they are deluded into believing that their worries will be over when the tooth is gone. The future without the tooth, or with a restoration—with its attendant cost—is something dim and afar off, and doesn't make much impression on the untrained mind.

If the fees were revised so as to make the initial cost of losing a tooth, greater than the cost of saving it, I am sure our patients realizing this, would suffer a change of mind and decide that after all they would rather have a tooth filled than extracted. Of course one dentist can't make such a revision when his neighbor follows the old system. Too long have we been charging according to our patients' idea of values, rather than gauging our fees according to the time and effort expended.

If it is worth twenty-five dollars to make a porcelain jacket crown, it is worth an equal amount to fill a root canal. If it is worth two dollars to insert a simple amalgam filling, it is surely worth twice the amount to extract a molar.

Parents are forever at war with dentists for charging full fees for children's work, especially work on deciduous teeth. On this score, I can say nothing but stick to your guns and

fight the battles through until parents realize the value of your service. I can see no reason for any kind of reduction of fees for this class of service. On the contrary, there are many reasons why fees for children's work should be greater than fees for the adult.

Not until those for whom we work realize that our time is all we have to sell, will they understand why it is necessary for us to charge for every class of work. When we have shown a patient that any particular operation is necessary, and have shown him that it takes time to do it, and he understands that we make our living by charging for time, then he will be willing to pay.

I have stated that preventive dentistry should start before birth and end with life itself, and I believe that every graduate dentist knows reasonably well how to practice preventive dentistry. There is none among us I am sure who does not know that no cavity is too small to fill. It is a universally known fact that teeth should be kept free from all deposits and stains as nearly as possible. And it is no news to us that deciduous teeth should have the same careful attention to which the permanent teeth are entitled. Nor are we ignorant of the fact that mal-occlusion should be corrected. All these things we know, and with the exception of the correction of mal-occlusion, each one of us can, if we will, do the work about as well as any of the rest of us. Preventive dentistry is not handicapped by puzzling operative procedures as are many other branches of the profession.

We are challenged by two mighty problems, both of which, I fear, we will be a long time in solving. Our first problem, to which we owe much serious thought, is the elimination of indifference and incompetency from our own ranks. Thus fitting our profession to deserve the confidence it seeks to demand. This being done we can face our second problem with greater assurance of success, this problem being the actual co-operation of the masses in an attempt to eliminate oral infection, and thus aid in the building of a greater and stronger race.

Much seemingly futile educational effort has been spent on the adult of the past and present. It is necessary to continue and strengthen that effort, but our only ray of real hope lies not there, but in the child of today and those yet unborn. Progress must be slow; it is our duty to make it sure.

Read before the Kinston Dental Society January 7, 1929. ALW. Revised for publication in the Plugger.

A. L. WOOTEN, D.D.S.  
State Board of Health,  
RALEIGH, N. C.

## THE 1930 EXTENSION COURSE

The tenth and last meeting of the second post-graduate dental extension course is being held this month (December) in the five centers. One hundred and forty-five North Carolina dentists enrolled for the course, an excellent showing considering the distances some of the men travel to attend the classes. The interest shown and the support given to the two courses that have been offered is an indication of good professional spirit among members of the Society.

The success of the extension course is attracting widespread interest in the United States. Already several other states have begun dental education programs, modified after the so-called "North Carolina Plan of Postgraduate Dental Instruction."

The Extension Course Committee of the North Carolina Dental Society, headed by Dr. J. N. Johnson of Goldsboro, has worked out a plan to continue the course next year, keeping in mind the experience of the past two years and the interests of the members of the Society. The 1930 course will be shorter, and, therefore, less expensive. Six monthly meetings will be held, starting in January. The tuition fee will be twenty-five dollars. Instead of securing all of the instructors from the dental schools, it was thought desirable to obtain at least three experienced clinicians. Dr. R. L. Simpson of Richmond has accepted and the committee is endeavoring to secure Dr. Boyd Gardner of The Mayo Clinic and one other outstanding practitioner. Two of the instructors will come from the Northwestern University Dental School to present the subjects of "A New Anaesthetic" and "Radiography," particularly the results of research studies being conducted in these subjects. The emphasis throughout the course will be practical dentistry. Therefore, the academic or theoretical phase of the subjects will be reduced to a minimum. The committee also decided that it would be valuable to have one of the six meetings devoted to the subject of psychology. Professor English Bagby, PhD., of the University of North Carolina faculty, will present this subject under the title, "The Emotions and Human efficiency."

Although the afternoon clinics held as a part of the 1929 course have been very valuable, the committee decided that more members of the Society might be interested in enrolling if the class session were confined to the evening. Consequently, next year the lectures and the clinical features of the course are to be combined in a period after the usual office hours.

Mr. R. M. Grumman, Director of the University Extension Division, has charge of the organization of the classes. He has visited all of the districts and presented the proposed course at the Society meetings, with the result that sufficient interest has been expressed to assure successful promotion.

Classes have been conducted so far in every district, except the first, and it is expected that a center will be established at Asheville for the 1930 course. The response from all districts has been most gratifying.

However, additional enrollments will be needed to make the course self-supporting. It is hoped that a much larger number of North Carolina dentists will avail themselves of this opportunity for professional growth.

R. M. GRUMMAN, *Director*  
Extension Department, University of  
North Carolina  
CHAPEL HILL, N. C.

## RADIO SIGNALS SENT BY DENTIST DURING CIVIL WAR, VETERAN INVENTOR ASSERTS

Washington, July 27.—(AP)—While Marconi is generally credited with being the inventor of wireless telegraphy, the first radio messages were sent during the civil war, says C. Francis Jenkins, veteran inventor.

"Although Professor Joseph Henry, in 1832, discovered that electrical oscillations could be detected a considerable distance from the oscillator, it remained for a Washington dentist, Dr. Mahlon Loomis, actually to send the first radio messages," Mr. Jenkins said.

"In 1865 he built an oscillating circuit and connected it to a wire aerial supported by a kite. One station was set up on Bear Den Mountain, Va., not very far from Washington, and a duplicate station was set up on top of Catoctin Spur, 15 miles distant.

"Messages were sent alternately from one station to the other by dot and dash interruption of a buzzer spark circuit. Reception was attained by deflecting a galvanometer needle at the receiving point."

In 1869 a bill was introduced in Congress to incorporate the Loomis Aerial Telegraph company. Nobody would buy the stock and it remained for others, years later, to reap the reward of radio broadcasting, Mr. Jenkins says.

October 11, 1929.

To the State Secretaries of the  
American Dental Association:

The following information is being sent to you at the suggestion of the 71st session of the Board of Trustees, to be read before all your district meetings, in order that each member of the American Dental Association will be advised of the Group Life Insurance plan before the Insurance Company requires a medical examination of each person applying for the coverage.

Only two amounts of insurance are offered: \$3,000 for those between the ages of 20 years to 60 years 6 months inclusive, and \$1,000 for those age 60 years 6 months to 65 years 6 months. The cost of this insurance will be the same to all members, regardless of age; \$32.00 for \$3,000 insurance and \$11.00 for the \$1,000. Included in the above cost is a service charge of 50 cents to cover the actual expense of handling the necessary details.

The insurance provides for payment in event of death from any cause or in event the insured member becomes totally and permanently disabled before reaching age 60, the full amount of the policy will be paid to him. The individual insured is required to name his own beneficiary.

There is nothing compulsory about the coverage, but each member eligible is urged to make application immediately in order to secure the advantages of the non-medical plan. In addition to this, there are the benefits to the Association as a whole, since a large percentage insured will not only insure a low average age, but will make for a favorable mortality experience. These benefits will be reflected to the individual by the maintenance of a low cost for the coverage. If the average cost age is found to be below 45 years, the premiums for the second and following years may be reduced as low as \$8.50 per each \$1,000. It is the hope of the officers that the Association will be able to know that the family of every deceased member is financially benefited through its adoption of this coverage.

The Company carrying the coverage is the American National Insurance Company of Galveston, Texas, an old line legal reserve life insurance company with over \$600,000,000.00 of insurance in force. This company was chosen because of the liberality of its contract and its size and strength. The House of Delegates unreservedly recommends both the contract and the Company to the membership.

Complete detailed information is being prepared, and will be mailed, by the Insurance Committee, to each member.

Do not overlook this opportunity!

Sincerely yours,

*Insurance Committee*

HOMER B. ROBINSON, Chairman.

FRED A. RICHMOND, Secretary.

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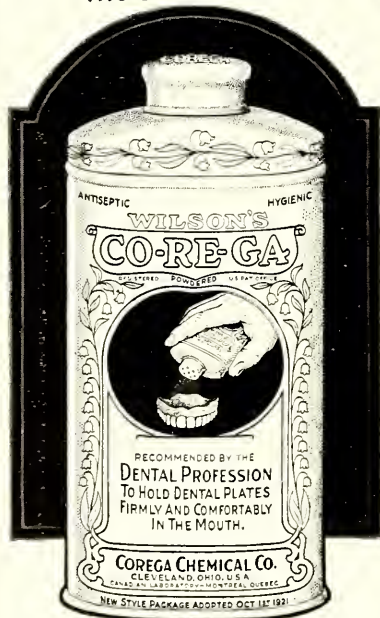
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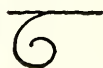
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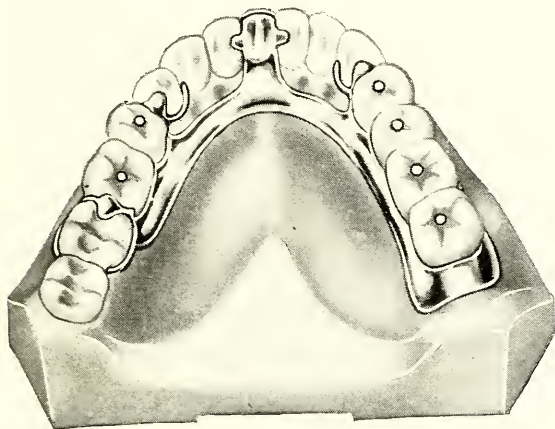
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